

APPLICATION DATA SHEET**Application Information**

Application Type:: National Phase
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)::
Number of copies of CRF::
Title:: COMBINATION MEDICAMENT
Attorney Docket Number:: 26794U
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggest Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed U.S. Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Klaus
Middle Name::
Family Name:: DIETZEL
Name Suffix:::
City of Residence:: Konstanz

State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Thingoltstr. 2e,
City of mailing address:: Konstanz
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78465

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Degenhard
Middle Name::
Family Name:: MARX
Name Suffix:::
City of Residence:: Moos
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Obere Reute 15,
City of mailing address:: Moos
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78345

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Helgert
Middle Name::
Family Name:: MÜLLER
Name Suffix:::
City of Residence:: Radolfzell
State/Province of Residence::
Country of Residence:: DE

Street of Mailing address:: Zum Lerchental 1a,
City of mailing address:: Radolfzell
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78315

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Christian
Middle Name::
Family Name:: WEIMAR
Name Suffix:::
City of Residence:: Konstanz
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Eichhornstr. 51,
City of mailing address:: Konstanz
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78464

Correspondence Information

Correspondence Customer Number:: 034375
Name:: Gary M. Nath
Street of mailing address:: 1030 15th Street, N.W., 6th Floor
City of mailing address:: Washington
State/Province of mailing address:: D.C.
Country of mailing address:: U.S.A.
Postal Code of mailing address:: 20005-1503
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E-Mail address:: ip@nathlaw.com

Representative Information

Representative Customer Number::	034375
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EP	02027797.6	12 December 2002 (12.12.2002)	Yes
DE	103 06 213.0	13 February 2003 (13.02.2003)	Yes

Assignee Information

Assignee name:: Altana Pharma AG
Street of mailing address:: Byk-Gulden-Str. 2
City of mailing address:: Konstanz
State/Province of mailing address::
Country of mailing address:: DE
Postal Code of mailing address:: 78467